

# MR 1 S PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
001095 MICHAEL W GLYNN NOVARTIS CORPORATION 564 MORRIS AVENUE SUMMIT NJ 07901	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/682,452	07/17/96	023	MERRIAM, A	1714 04/01/98
First Named Applicant	NICOLSON, PAUL C.			

TITLE OF INVENTION EXTENDED WEAR OPHTHALMIC LENS

07/09/1998 ASEFORT 00000172-190134 08682452

01 FC:142 1320.00 CH  
02 FC:561 30.00 CH

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 CL/V-20676/P	523-106.000	C50	UTILITY	NO	\$1320.00	07/01/98

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>R. Scott Meece</u>
	2 <u>Michael U. Lee</u>
	3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: CIBA Vision Corporation; Commonwealth Scientific and Industrial Research Organization	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Duluth, GA; Campbell, Australia	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-0134 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies 10 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>R. Scott Meece</u> (Date) <u>7/11/98</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

1. CORRESPONDENCE ADDRESS

001095  
MICHAEL W GLYNN  
NOVARTIS CORPORATION  
564 MORRIS AVENUE  
SUMMIT NJ 07901

IM12/0401

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/682,452	07/17/96	023	MERRIAM, A	1714 04/01/98
First Named Applicant	NICOLSON, PAUL C.			

TITLE OF INVENTION: EXTENDED WEAR OPTICALLY TRANSPARENT LENS  
H3 00.0561 SAI:33 10  
H3 00.06 ISE:33 50

07/09/1998 ASEAFORT 00000172 190134 08682452  
01 FC:142 1320.00 CH  
02 FC:551 30.00 CH

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1. CL/V-20676/P	523-106.000	C50	UTILITY	NO	\$1320.00	07/01/98

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R. Scott Meece

Michael U. Lee

CIBA Vision Corporation; Commonwealth Scientific and Industrial Research  
Duluth, GA; Campbell, Australia Organization

2a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 19-0134

☐ Issue Fee ☐ Advance Order - # of Copies 10  
☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

R. Scott Meece 7/11/98

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT